

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/17/03.

## I. DISPUTE

Whether there should be reimbursement of \$18,025.00 for Chronic Pain Management provided on dates of service 5/28/02 through 6/19/02. The Respondent denied reimbursement as "00V UNNECESSARY TREATMENT WITH PEER REVIEW." This was the only issue raised in this medical fee dispute.

## II. RATIONALE

### **97799-CP-AP**

The Respondent was given the opportunity to respond to the dispute. However, a response was not noted in the Commission's case file.

The Requestor obtained pre-authorization from the Respondent's audit company on 4/12/02. The approved treatment plan was for 20 pain management sessions (visits) beginning 4/08/02 under pre-authorization number 640222. There were no visits between 4/08/02 and 5/27/02. The patient began treatment on 5/28/02.

The Requestor has billed for a total of 103 units for 14 pain management sessions at \$175.00 per hour for dates of service 5/28/02, 6 units; 5/30/02, 7 units; 5/31/02, 7 units; 6/03/02, 8 units; 6/04/02, 8 units; 6/05/02, 6 units; 6/06/02, 8 units; 6/10/02, 8 units; 6/11/02, 6 units; 6/12/02, 8 units; 6/13/02, 8 units; 6/14/02, 8 units; 6/18/02, 8 units; and 6/19/02, 7 units.

Based on Rule 133.301 (a), the insurance carrier may not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained pre-authorization. Therefore, reimbursement **is** recommended. (\$175.00 x 103 units = \$18,025.00)

## III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is** entitled to reimbursement for CPT code 97799-CP-AP in the amount of **\$18,025.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$18,025.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18<sup>th</sup> day of August 2003.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

PD/pd